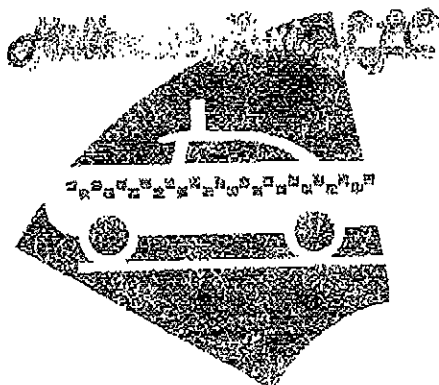


225355



COPY

Posted: led

Dept: S.A.

Date: 8/16/10

Time: 10:00

RECEIVED

AUG 18 2010

PSO SC  
CLERK'S OFFICE

From the Desk of Mr. James Pough, Sr / LATASHA JOHNSON  
803 707-5721

Hillcrest Taxi

Phone: (803) 534-9099

Fax: (803) 534-5899

Remarks: Letter of Request For ORS From  
Hillcrest TAXI LLC

Your business is appreciated.

James Pough Sr.  
President

August 13, 2010

Mr. James Pough Sr.  
Owner/Operator  
Hillcrest Taxi llc  
1391 Ridgewood Drive  
Orangeburg S.C 29118  
Business:(803)534-9099  
Cell:(803)707-9914or(803)707-5721

RECEIVED

AUG 13 2010

PSC SC  
CLERK'S OFFICE

**RE: Response to Office of Regulatory Staff for reinstatement and why Hillcrest Taxi**


**LLC, should be reinstated for Docket No. 2005-334 T**

As owner and operator of Hillcrest Taxi LLC, I think my company should be reinstated. I Mr. James Pough Sr. owner and operator of Hillcrest Taxi LLC request that Hillcrest Taxi's certification of Public Convenience and necessity for operation of motor vehicle be reinstated. I the owner Mr. Pough Sr. of Hillcrest Taxi will comply with the Office of Regulatory Staff to meet all standards of procedure; Hillcrest Taxi will provide all necessary documentation needed to comply. Hillcrest Taxi LLC will also provide proof of Insurance as needed. In regards to my company Hillcrest Taxi do apologize for the drivers pulled over on August 28, 2007 and May 26, 2009, Hillcrest Taxi, have since then hired new employees and our company again apologize for those actions. We are aware and take full responsibility for our actions@ Hillcrest Taxi LLC. At my request please respond and allow my company to meet the required standards as obligated by ORS and Public service. Please respond to my request!

Sincerely,

Hillcrest Taxi LLC

Mr. James Pough Sr.

X 

Cc: Mrs. Shealy Boland Reibold  
Council for ORS



Policy Number: CA00232049

Date Entered: 6/15/2010

DATE (MM/DD/YYYY):  
6/15/2010**CERTIFICATE OF LIABILITY INSURANCE**

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER  
Worldwide Insurance Specialists  
2424 W. MISSOURI AVE.  
PHOENIX, AZ 85015

CONTACT NAME: \_\_\_\_\_  
PHONE: (602) 749-0702 FAX: (602) 674-8235  
E-MAIL: WWWISQWISINC.COM  
ADDRESS: \_\_\_\_\_  
PRODUCER CUSTOMER ID: \_\_\_\_\_

INSURED  
HILLCREST TAXI LLC  
JAMES BOUGH  
1391 RIDGEWOOD DRIVE  
ORANGEBURG, SC 29118

INSURER(S) AFFORDING COVERAGE: NATIONAL CASUALTY COMPANY  
INSURANCE: \_\_\_\_\_  
INSURANCE: \_\_\_\_\_  
INSURANCE: \_\_\_\_\_  
INSURANCE: \_\_\_\_\_  
INSURANCE: \_\_\_\_\_

**COVERAGES**

CERTIFICATE NUMBER:

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

TYPE OF INSURANCE	ADDITIONAL INSURANCE	POLICY NUMBER	POLICY EFF. DATE	POLICY EXP. DATE	LIMITS
<b>GENERAL LIABILITY</b>					
<input type="checkbox"/> COMMERCIAL GENERAL LIABILITY					EACH OCCURRENCE \$
<input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR					DAMAGE TO RELATED PREMISES (CA, PERSONAL) \$
					VED EXP (ANY AND ALL) \$
					PERSONAL & ADV INJURY \$
					CENTRAL AGGREGATE \$
					PRODUCTS - COMP/OP AGG \$
<input type="checkbox"/> GEN'L AGGREGATE LIMIT APPLIES PER POLICY					
<b>AUTOMOBILE LIABILITY</b>					
<input type="checkbox"/> ANY AUTO					CONDITIONAL SINGLE LIMIT (Per accident) \$100,000
<input type="checkbox"/> ALL OWNED AUTOS					BODILY INJURY (Per person) \$
<input checked="" type="checkbox"/> SCHEDULED AUTOS					BODILY INJURY (Per accident) \$75,000
<input type="checkbox"/> HIRED AUTOS					PROPERTY DAMAGE (Per accident) \$
<input type="checkbox"/> NON-OWNED AUTOS					
<input checked="" type="checkbox"/> UNINSURED MOTORISTS		CA00232049	6/14/2010	6/14/2011	
<input type="checkbox"/> UMBRELLA LIAB	<input type="checkbox"/> OCCUR				EACH OCCURRENCE \$
<input type="checkbox"/> EXCESS LIAB	<input type="checkbox"/> CLAIMS-MADE				AGGREGATE \$
<input type="checkbox"/> DEDUCTIBLE					
<input type="checkbox"/> RETENTION \$					
<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>					
<input type="checkbox"/> ANY PROPRIETOR/OWNERS/EXECUTIVE OFFICER/EMPLOYEE EXCLUDED? (Must specify in NH)	<input type="checkbox"/> Y/N	N/A			WORKERS COMPENSATION LIMITS \$
<input type="checkbox"/> DESCRIPTION OF OPERATIONS BELOW					P.L. EACH ACCIDENT \$
<b>B. COMPREHENSIVE &amp; COLLISION COVERAGES</b>		CA00232049	6/14/2010	6/14/2011	P.L. DISEASE - CA EMPLOYER \$
					P.L. DISEASE - POLICY LIMIT \$
					DEDUCTIBLE \$500

DESCRIPTION OF OPERATIONS, LOCATIONS, VEHICLES (Attach ACORD 131, Additional Remarks Schedule, if more space is required)

EVIDENCE OF BODILY INJURY AND PROPERTY DAMAGE LIABILITY. COMPREHENSIVE & COLLISION COVERAGES WITH A \$500 DEDUCTIBLE ON SCHEDULED VEHICLES. TOTAL INSURED VALUE OF THE 3 VEHICLES \$33,500.

EVIDENCE OF INSURANCE

CERTIFICATE HOLDER

**CANCELLATION**

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

*L. Helen Martin*

L. HELEN MARTIN

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ACORD 25 (2009/09)

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